IMLS PROGRAM INFORMATION SHEET

PLEASE NOTE: Information contained within this form may be made publicly available.

1. Applicant Information

a. Legal Name (5a from SF424S):

b. Applicant D-U-N-S® Number (5f from SF424S): ☐☐☐☐☐☐☐☐

c. Does your organization have a current SAM.GOV registration?   Yes   No

   If yes, what is the expiration date of your registration?

d. Organizational Unit (if different from Legal Name):

e. Organizational Unit Address

   Street 1

   Street 2

   City   County

   State   Zip+4/Postal Code ☐☐☐☐☐ - ☐☐☐☐

f. Organizational Unit Type (Check One):

Academic Library	Library Association	School Library or School District applying on behalf of a School Library or Libraries
Aquarium	Library Consortium	
Arboretum/Botanical Garden	Museum Library	
Art Museum	Museum Services Organization/Association	Science/Technology Museum
Children's/Youth Museum		Special Library
Community College	Native American Tribe/Native Hawaiian Organization	Specialized Museum**
Four-year College	Natural History/Anthropology Museum	State Library
General Museum*		State Museum Agency
Graduate School of Library and Information Science	Nature Center	State Museum Library
	Planetarium	Zoo
Historic House/Site	Public Library	
Historically Black College or University (HBCU)	Research Library/Archives	Institution of higher education other than listed above
History Museum		Other

* A museum with collections representing two or more disciplines equally (e.g., art and history)
** A museum with collections limited to one narrowly defined discipline (e.g., textiles, maritime, ethnic group)

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2. Organizational Financial Information

a. Please complete the following table for the applicant Organizational Unit for the three most recently completed fiscal years

Fiscal Year	Total Revenue*	Total Expenses**	Surplus or Deficit

* For nonprofit tax filers, Total Revenue can be found on Line 12 of the IRS Form 990.

** For nonprofit tax filers, Total Expenses can be found on Line 18 of the IRS Form 990.

b. If you had a budget surplus or deficit greater than 10% of your annual operating budget for two or more of the three fiscal years listed above, please explain the circumstances of this surplus or deficit in the box below.

c. Were there any material weaknesses identified in your prior year's audit report?

Yes   No   Not applicable

A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

If **yes**, please explain.

d. Has your organization had an A-133 audit in the past three years?

Yes   No

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3. Grant Program Information

a. Laura Bush 21st Century Librarian Program
Select one funding category:
Project Grant
Collaborative Planning Grant
National Forum Planning Grant

Select one project category:
Masters-level Programs
Doctoral-level Programs
Early Career Development
Continuing Education
Programs to Build Institutional Capacity
Research

b. National Leadership Grants for Libraries
Select one funding category:
Project Grant
Collaborative Planning Grant
National Forum Planning Grant

Select one project category:
National Digital Platform
STEM
Learning Spaces

c. Native American/Native Hawaiian Library
Select one funding category:
Basic Grant Only
Basic Grant with Education/Assessment Option
Enhancement Grant
Native Hawaiian Library Services

d. Sparks! Ignition Grants
Select one:
Museum   Library

e. Museums for America
Select one project category:
Learning Experiences
Community Anchors
Collections Stewardship

Select one funding level:
IMLS funds requested total $25,000 or less with no applicant cost share permitted.
IMLS funds requested total more than $25,000 with applicant cost share required.

f. National Leadership Grants for Museums
Select one project category:
Learning Experiences
Community Anchors
Collections Stewardship

g. Museum Grants for African American History and Culture
Select one funding level:
IMLS funds requested total $25,000 or less with no applicant cost share permitted.
IMLS funds requested total more than $25,000 with applicant cost share required.

h. Native American/Native Hawaiian Museum Services

4. Please check this box if your project addresses STEM learning

5. Funding Request Information

a. IMLS funds requested: _____   b. Cost share amount: _____

6. Project Subject Area

Please select the subject area(s) addressed by the proposed project:

21st Century Skills	Digital Literacy	Information Infrastructure/Systems/Workflows
Afterschool/Out-of-School	Disaster Preparedness	Learning Tools and Interactives
Accessibility	Early Learning	Lifelong Learning
Broadband	Economic/Community Development	Intergenerational
Civic Engagement	Education Support	STEM (Science, Technology, Engineering, Math)
Community Engagement	Environment and Energy	Workforce Development/Job Assistance
Collections Care/Preservation	Global Awareness	Other
Cultural Heritage/Sustainability	Health and Wellness	

If other, please specify: _____

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7. Population Served

Please select the population(s) served by the proposed project:

General Population	Museum and/or Library Professionals
Early Childhood/Preschool (0-5 years)	Native Americans/Native Hawaiians/Alaskans Native
Middle Childhood/Primary School (6-12 years)	People with Mental or Physical Challenges/Disabilities
Adolescents/High School (13-19 years)	People who are Low Income/Economically Disadvantaged
Adults	Rural Populations
Aging, Elderly, Senior Citizens (65+ years)	Scholars/Researchers
Ethnic or Racial Minority Populations other than Native Americans/Native Hawaiians	Unemployed
	Urban Populations
Families/Intergenerational	Other
Immigrants/Refugees	
Military Families	

If other, please specify:

8. Museum Profile (Museum Applicants Only)

a. Is the institution either a private not-for-profit organization that has tax-exempt status under the Internal Revenue Code or a unit of state or local government that is organized on a permanent basis for essentially educational or aesthetic purposes?   Yes   No

b. Does the institution own or use these objects, whether animate or inanimate?   Yes   No

c. Does the institution care for these objects?   Yes   No

d. Does the institution exhibit these objects to the general public on a regular basis through facilities the institution owns or operates?   Yes   No

e. Is the institution open and exhibiting tangible objects to the general public at least 120 days a year through facilities the institution owns or operates?   Yes   No

f. Institution's attendance for the 12-month period prior to the application

On-site: Off-site:

g. Year the institution was first open and exhibiting to the public:

h. Total number of days the institution was open to the public for the 12-month period prior to application:

i. Does the institution employ at least one professional staff member, or the full-time equivalent, whether paid or unpaid, who is primarily engaged in the acquisition, care, or exhibition to the public of tangible objects owned or used by the institution?   Yes   No

j. Number of full-time paid institution staff:

k. Number of full-time unpaid institution staff:

l. Number of part-time paid institution staff:

m. Number of part-time unpaid institution staff:

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9. Project Elements (Museums for America and National Leadership Grants for Museums Applicants Only)

Your response to this question will help us match your application to reviewers with appropriate experience. Begin by choosing the project category that you selected in Question 3 (Grant Program Information).

LEARNING EXPERIENCES

If you are applying in the Learning Experiences Project Category, select the *primary* element that is core to your proposed project from the list below. **Check only one**.

Adult Programs/Lifelong Learning	Interpretation
Digital Media	K-12 Programs with Schools
Early Learning	K-12 Programs – Out of School
Exhibitions	Professional Development/Training
Family Programs	Public Programs

COMMUNITY ANCHORS

If you are applying in the Community Anchors Project Category, select the *primary* element that is core to your proposed project from the list below. **Check only one**.

Audience Development/Community Outreach	Digital Media
Audience Research and Evaluation	Professional Development/Training
Civic Engagement	Visitor Experience
Community-Driven Exhibitions and Programs	
Community-Focused Planning Activities	

COLLECTIONS STEWARDSHIP

If you are applying in the Collections Stewardship Project Category, select the *primary* element that is core to your proposed project from the list below. **Check only one**.

Conservation	**Collections Management**
Environmental Improvement/Rehousing	Cataloguing, Inventorying, Registration
Survey	Collections Planning
Treatment	Information Management
	Professional Development/Training

Please identify the material type(s) that will be affected by your project.

Animals, living	Photographic Materials
Animals, preserved	Plants, living
Architecture	Plants, preserved
Books and Paper	Sculpture
Electronic Media	Textiles
Objects	Wooden Artifacts
Paintings	